


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90018 015 \*\*\*\*61.25

<b>DOCUMENT # 715587</b> 1. Entity Name <b>CROWN COLONY CLUB, INC.</b>					
Principal Place of Business <b>5500 N. OCEAN BLVD. OCEAN RIDGE, FL 33435</b>			Mailing Address <b>C/O MANAGEMENT SERVICES 5011 N OCEAN BLVD OCEAN RIDGE, FL 33435 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>AASKOV, GAIL ADAMS C/O MANAGEMENT SERVICES 5011 N OCEAN BLVD OCEAN RIDGE, FL 33435</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE</div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS SIDLER, SHERRY 5520 N OCEAN BLVD BOYNTON BEACH, FL 33435</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP BORRELLI, FRANK 5520 N. OCEAN BLVD OCEAN RIDGE, FL 33435</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, STEVE 5550 N. OCEAN BLVD OCEAN RIDGE, FL 33435</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT GUINAS, GEORGE 5530 N OCEAN BLVD 110 OCEAN RIDGE, FL 33435</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DICKSON, RICHARD 5540 N OCEAN BLVD BOYNTON BEACH, FL 33435</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OP Marcuccio, Jack 5530 N. Ocean Blvd #206 Ocean Ridge, FL 33435</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP Klement, Uri 5510 N. Ocean Blvd. #214 Ocean Ridge, FL 33435</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OS Layton, Robert 5550 N. Ocean Blvd. #212 Ocean Ridge, FL 33435</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D O'Connell, Helen 5510 N. Ocean Blvd. #101 Ocean Ridge, FL 33435</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Kallenbach, Dale 5530 N. Ocean Blvd. #306 Ocean Ridge, FL 33435</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Vigeant, Lynne 5540 N. Ocean Blvd. #205 Ocean Ridge, FL 33435</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Jack Marcuccio</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <b>4/16/08</b> <b>561-276-3220</b>  <small>Date Daytime Phone #</small> </div>					

*Jack Marcuccio, Pres.*